NATIONAL POLITITANT DISCHARGE FUMINATION SYSTEM (NPDES) Form Approved. PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 NAME SHELL OFFSHORE INC. (2-16) Approval expires 05-31-98 AKG280003 กกา ADDRESS 3601 C STREET PERMIT NUMBER DISCHARGE NUMBER SUITE 1314 ANCHORAGE, AK 99503 MONITORING PERIOD Check here if No Discharge DAY DAY YEAR MO YEAR MO **FACILITY** 08 09 01 ΛR 0 3.0 LOCATION FROM [ TO NOTE: Read Instructions before completing this form FLAXMAN ISLAND 6658 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) QUANTITY OR LOADING QUALITY OR CONCENTRATION (3 Card Only) (4 Card Only) REQUENCY SAMPLE PARAMETER (46-53) (54-61) (38-45)(46-53) (54-61) OF ĒΧ TYPE (32-37)ANALYSIS **AVERAGE** MAXIMUM LIMITS MINIMUM **AVERAGE** MAXIMUM UNITS (62-63) (64-68) (69-70) SAMPLE DRILLING FLUIDS & MEASUREMENT DRILLING CUTTINGS -SPP TOXICITY - 96 PERMIT 3000 ONCE GRAB REQUIREMENT HOUR LC50 MONTH! SAMPLE DRILLING FLUIDS & MEASUREMENT DRILLING CUTTINGS -FREE OIL PERMIT REPORT MO VIS DATLY REQUIREMENT TOTAL DRILLING FLUIDS & SAMPLE MEASUREMENT DRILLING CUTTINGS -FREE OIL PERMIT DATLY REPORT MO SS REQUIREMENT ፐሬጥስጥ DRILLING FLUIDS & SAMPLE MEASUREMENT DRILLING CUTTINGS -DIESEL OIL PERMIT GRAB REPORT ONCE. REQUIREMENT WELT. SAMPLE DRILLING FLUIDS & MEASUREMENT DRILLING CUTTINGS -MERCURY PERMIT GRAB 1.0 ma/ka ONCE REQUIREMENT VEND DRILLING FLUIDS & SAMPLE MEASUREMENT DRILLING CUTTINGS -CADMITIM **PERMIT** mq/kq 3.0 GRAB ONCE REQUIREMENT YEAR DRILLING FLUIDS & SAMPLE MEASUREMENT DRILLING CUTTINGS -CHROMIUM VI

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMIT

REQUIREMENT

RIG NOT ON LOCATION

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

VINCENT C. ROES

SUPT - EP AMER - SEPCO

TYPED OR PRINTED

q/L

TELEPHONE

907

AREA

1770-3700

NUMBER

REPORT

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

I CERTIEY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE HAT QUALIFIED PERSONNIE, PROPERLY GATHER AND EXALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE, AND COMPLETE LAM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18.

U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

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OF

NATIONAL POLICITANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Form Approved. DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 SHELL OFFSHORE INC. (17-19) Approval expires 05-31-98 AKG280003 001 ADDRESS 3601 C STREET PERMIT NUMBER DISCHARGE NUMBER SUITE 1314 ANCHORAGE. AK 99503 MONITORING PERIOD Check here if No Discharge DAY YEAR MO DAY YEAR MO **FACILITY** LOCATION FROM 08 0.9 0.1. 0.8 09 3.0 TO NOTE: Read Instructions before completing this form FLAXMAN ISLAND 6658 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) QUANTITY OR LOADING QUALITY OR CONCENTRATION (3 Card Only) (4 Card Only) FREQUENCY SAMPLE PARAMETER (46-53) (54-61) (38-45)(46-53)(54-61) OF FΧ TYPE (32-37)ANATYSIS **AVERAGE** MIJMIXAM UNITS MINIMUM **AVERAGE** MAXIMIM LINITS (62-63) (64-68) (69-70) SAMPLE DRILLING FLUIDS & MEASUREMENT DRILLING CUTTINGS -SILVER PERMIT REPORT q/L ONCE. GRAB REQUIREMENT MINT.T. SAMPLE DRILLING FLUIDS & MEASUREMENT DRILLING CUTTINGS -THALLIUM PERMIT GRAB REPORT a/L ONCE REQUIREMENT WELT. DRILLING FLUIDS & SAMPLE MEASUREMENT DRILLING CUTTINGS -TOTAL ACUROUS PERMIT REPORT q/L ONCE. GRAB REQUIREMENT HYDROCARBONS (TAGH) MET. DRILLING FLUIDS & SAMPLE MEASUREMENT DRILLING CUTTINGS -TOTAL AROMATIC PERMIT q/L REPORT ONCE GRAB REQUIREMENT HYDROCARBONS (TAH) WELL DRILLING FLUIDS & SAMPLE MEASUREMENT DRILLING CUTTINGS -TOTAL VOLUME PERMIT REPORT BBLS ONCE. EST REQUIREMENT момтн DRILLING FLUIDS & SAMPLE MEASUREMENT DRILLING CUTTINGS -BBLS/ DISCHARGE RATE PERMIT HR SEE PERMIT ONCE. EST REQUIREMENT MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

RIG NOT ON LOCATION

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

VINCENT C. ROES SUPT.-EP AMER.-SEPCo

TYPED OR PRINTED

08

YEAR

DATE

10

MO

OF

09

DAY

**TELEPHONE** 

|770**-**3700|

NUMBER

907

AREA

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

ICERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE HAT GUALIFED PERSONNEL PROPERLY GATHER AND EXALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE ACCURATE, AND COMPLETE. IAM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, SUBMITTED IS TO THE REST OF MY KNOWLEDGE AND BELIEF TRUE ACCURATE, AND COMPLETE. IAM AWARE THE THERE ARE SIGNIFICANT PENALTIES FOR SUBMIT NO FALSE INFORMATION, SEE 18

U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

002 AKG280003 3601 C STREET ADDRESS DISCHARGE NUMBER PERMIT NUMBER SUITE 1314 ANCHORAGE, AK 99503 MONITORING PERIOD Check here if No Discharge DAY YEAR MO DAY YEAR MO **FACILITY** 08 09 0.7 TO 08 0.9 30 NOTE: Read Instructions before completing this form LOCATION FROM FLAXMAN ISLAND 6658 (26-27) (28-29) (30-31) (20-21) (22-23) (24-25) QUALITY OR CONCENTRATION QUANTITY OR LOADING (4 Card Only) (3 Card Only) FREQUENCY SAMPLE PARAMETER (46-53) (54-61) OF (46-53) (54-61) (38-45)FΧ TYPE ANALYSIS (32-37)**AVERAGE** (62-63) **AVERAGE** MAXIMUM UNITS MINIMUM MAXIMUM LINITS (69-70)(64-68) SAMPLE DECK DRAINAGE -MEASUREMENT FREE OIL PERMIT REPORT MO ONCE. VIS REQUIREMENT TOTAL. DISCH DECK DRAINAGE -SAMPLE MEASUREMENT FREE OIL PERMIT REPORT MO ONCE SS REQUIREMENT TOTAL. DISCH DECK DRAINAGE -SAMPLE MEASUREMENT TOTAL VOLUME PERMIT ONCE EST REPORT GALS REQUIREMENT MONTH DECK DRAINAGE -SAMPLE MEASUREMENT TOTAL ACCEOUS HYDROCARBONS (TAGH) g/L PERMIT GRAB REPORT ONCE REQUIREMENT DISCH SAMPLE DECK DRAINAGE -MEASUREMENT TOTAL AROMATIC HYDROCARBONS (TAH) PERMIT ONCE GRAB REPORT q/LREQUIREMENT DISCH SAMPLE. MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT ICERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE HAT QUALIFED PERSONNUE PROPERTY GATHER AND EXALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELLET TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE VINCENT C. ROES SUPT.-EP AMER.-SEPCo 907 1770-3700l 08 10 09 SIGNATURE OF PRINCIPAL EXECUTIVE U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.) AREA DAY OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO TYPED OR PRINTED COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

NATIONAL POLLUTANT DISCHARGE FUMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

SHELL OFFSHORE INC.

NAME

RIG NOT ON LOCATION

EPA Form 3320-1 (10-96)

Form Approved.

OMB No. 2040-0004

PAGE

OF

Approval expires 05-31-98

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Form Approved DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 NAME SHELL OFFSHORE INC. (17-19) (2-16) Approval expires 05-31-98 003 AKG280003 ADDRESS 3601 C STREET DISCHARGE NUMBER PERMIT NUMBER SUITE 1314 ANCHORAGE, AK 99503 MONITORING PERIOD Check here if No Discharge YFAR MO DAY YEAR MO DAY **FACILITY** FROM 08 09 0.1 TO 0.8 0.9 3.0 LOCATION NOTE: Read Instructions before completing this form FLAXMAN ISLAND 6658 (26-27) (28-29) (30-31) (20-21) (22-23) (24-25) QUALITY OR CONCENTRATION QUANTITY OR LOADING (4 Card Only) (3 Card Only) FREQUENC) SAMPLE PARAMETER (38-45) (46-53)(54-61)OF (46-53) (54-61) FX TYPE ANALYSIS (32-37)**AVERAGE** UNITS (62-63) **AVERAGE** MAXIMIM UNITS MINIMUM MAXIMUM (64-68) (69-70) SAMPLE SANITARY WASTES -MEASUREMENT FLOW PERMIT REPORT DATLY MEAS MGD REQUIREMENT SAMPLE SANTTARY WASTES -MEASUREMENT BOD5 PERMIT mg/L3.0 60 ONCE GRAB/ REQUIREMENT WEEK COMP SANTTARY WASTES -SAMPLE MEASUREMENT TSS PERMIT ONCE. 30 60 mq/L GRAB/ REQUIREMENT MERK COMP SANITARY WASTES -SAMPLE MEASUREMENT FLOATING SOLIDS & GARBAGE PERMIT DATLY VIS REPORT MO REQUIREMENT TATOT SAMPLE SANITARY WASTES -MEASUREMENT FOAM PERMIT REPORT MO DAILY VIS REQUIREMENT TOTAL SANTTARY WASTES -SAMPLE MEASUREMENT OILY SHEEN PERMIT REPORT MO DAILY VIS REQUIREMENT TOTAL SANITARY WASTES -SAMPLE MEASUREMENT Hq PERMIT s.u. GRAB ONCE. 6..0 9.0 REQUIREMENT

VINCENT C. ROES
SUPT.-EP AMER.-SEPCO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE HAT QUALIFIED PERSONNEL PROPERTY GATHER AND EXALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND SELIEF, TRUE, ACCURATE, AND COMPLETE LAM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING PALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1013 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

RIG NOT ON LOCATION

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OF

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved. PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 NAME SHELL OFFSHORE INC. (2-16) Approval expires 05-31-98 0.03 AKG280003 ADDRESS 3601 C STREET DISCHARGE NUMBER PERMIT NUMBER SULTE 1314 ANCHORAGE, AK 99503 MONITORING PERIOD Check here if No Discharge YEAR I MO I DAY YEAR MO DAY **FACILITY** 08 09 01 TO 08 09 3.0 FROM NOTE: Read Instructions before completing this form LOCATION FLAXMAN ISLAND 6658 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) QUALITY OR CONCENTRATION (3 Card Only) QUANTITY OR LOADING (4 Card Only) FREQUENCY SAMPLE PARAMETER (38-45)(46-53)(54-61)OF (46-53)(54-61) FΧ TYPE ANALYSIS (32-37)UNITS MINIMUM AVERAGE. MAXIMUM UNITS (62-63) **AVERAGE** MAXIMUM (69-70) (64-68)SAMPLE SANITARY WASTES colon MEASUREMENT FECAL COLIFORM /100 PERMIT BACTERTA 100 200  $mT_1$ ONCE GRAB REQUIREMENT MONTH SANITARY WASTES -SAMPLE MEASUREMENT TOTAL RESIDUAL CHLORINE PERMIT GRAB 0.51...0 ma/L ONCE REQUIREMENT MPPR SAMPLE MEASUREMENT **PERMIT** REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT ICERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT CUALIFIED PERSONNIEL PROPERTY GATHER AND EXALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. IAM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING PALSE INFORMATION, INCLIDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 38 U.S.C. § 1010 TELEPHONE DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER VINCENT C. ROES 10 09 SUPT.-EP AMER.-SEPCo 907 1770-3700 08 SIGNATURE OF PRINCIPAL EXECUTIVE AREA

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

RIG NOT ON LOCATION

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NATIONAL POLLSTANT DISCHARGE ELIMINATION SYSTEM (NPDES). PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Form Approved. DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 NAME SHELL OFFSHORE INC. (2-16) Approval expires 05-31-98 004 AKG280003 ADDRESS 3601 C STREET PERMIT NUMBER DISCHARGE NUMBER SUTTE 1314 ANCHORAGE, AK 99503 MONITORING PERIOD Check here if No Discharge YEAR MO DAY YEAR MO DAY **FACILITY** 0.8 0.9 30 LOCATION FROM 08 09 01 TO NOTE: Read Instructions before completing this form FLAXMAN ISLAND 6658 (26-27) (28-29) (30-31) (20-21) (22-23) (24-25) QUALITY OR CONCENTRATION QUANTITY OR LOADING (4 Card Only) FREQUENCY (3 Card Only) SAMPLE PARAMETER (46-53) (54-61) (38-45)(46-53)(54-61) EX TYPE (32-37)ANALYSIS **AVERAGE** (62-63) AVERAGE MAXIMUM HMITS MINIMUM MAXIMUM UNITS (64-68)(69-70)SAMPLE DOMESTIC WASTES -MEASUREMENT FLOATING SOLIDS. GARBAGE, OR FOAM PERMIT REPORT MO DAILY VIS REQUIREMENT TOTAL DOMESTIC WASTES -SAMPLE MEASUREMENT FLOW PERMIT MGD EST REPORT ONCE REQUIREMENT MONTEH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE. MEASUREMENT PERMIT REQUIREMENT ICERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT CUAL HIED PERSONNEL PROPERTY GATHER AND EXALUATE THE INFORMATION SUBMITTED EASED ON MY INCURRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE LAM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLIDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 101 AND 340 E.S.C. § 101 AND 350 E.S.C. § 101 AND NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

RIG NOT ON LOCATION

VINCENT C. ROES SUPT.-EP AMER.-SEPCo

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SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

770-3700

NUMBER

MATIONAL POLICITANT DISCHARGE FLIMINATION SYSTEM (NPDES) Form Approved. PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 NAME SHELL OFFSHORE INC. (2-16) Approval expires 05-31-98 AKG280003 005 3601 C STREET ADDRESS DISCHARGE NUMBER PERMIT NUMBER SUITE 1314 MONITORING PERIOD ANCHORAGE, AK 99503 Check here if No Discharge YEAR MO DAY YEAR MO DAY **FACILITY** 09 30 08 | 09 то 08 FROM 01 NOTE: Read Instructions before completing this form LOCATION FLAXMAN TSLAND 6658 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) QUALITY OR CONCENTRATION QUANTITY OR LOADING (4 Card Only) FREQUENCY (3 Card Only) NO. SAMPLE PARAMETER (46-53) (54-61) (54-61) (46-53) TYPE ANALYSIS (32-37)(62-63) **AVERAGE** MAXIMUM UNITS UNITS MINIMUM (69-70) **AVERAGE** MAXIMUM (64-68) DESALINATION UNIT -SAMPLE MEASUREMENT FREE OIL PERMIT REPORT MO ONCE VIS REQUIREMENT ጥርጥልተ. DISCH SAMPLE DESALINATION UNIT -MEASUREMENT FREE OIL PERMIT REPORT MO SS ONCE/ REQUIREMENT TOTAL חדפרם SAMPLE DESALTNATION UNIT -MEASUREMENT TOTAL VOLUME ONCE. EST PERMIT REPORT GALS REQUIREMENT MONTH SAMPLE MEASUREMENT **PERMIT** REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE HAT QUALIFIED PERSONNEL PROPERTY GATHER AND EXALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING PALSE INFORMATION, INCLIDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 101 AND 39 U.S.C. § 101 AND 39 U.S.C. § 101 AND 30 U.S.C DATE TELEPHONE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER VINCENT C. ROES 907 770 - 3700 0.8 10 09 SUPT.-EP AMER.-SEPCo SIGNATURE OF PRINCIPAL EXECUTIVE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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SHELL OFFSHORE INC. Approval expires 05-31-98 006 AKG280003 3601 C STREET ADDRESS DISCHARGE NUMBER PERMIT NUMBER SHITTE 1314 ANCHORAGE, AK 99503 MONITORING PERIOD Check here if No Discharge YEAR MO DAY MO DAY **FACILITY** 0.9 01 ТΟ ΛŔ 09 3.0 0.8 NOTE: Read Instructions before completing this form LOCATION FLAXMAN ISLAND 6658 (26-27) (28-29) (30-31) (20-21) (22-23) (24-25) QUANTITY OR LOADING QUALITY OR CONCENTRATION REQUENCY (4 Card Only) (3 Card Only) NΩ SAMPLE PARAMETER (54-61) OF (46-53) (54-61) (46-53)ΕX TYPE ANALYSIS (32-37)**AVERAGE** UNITS (62-63) MAXIMUM AVERAGE MAXIMIM LIMITS MINIMUM (64-68) (69-70) SAMPLE BLOWOUT PREVENTER MEASUREMENT FLUID - FREE OIL PERMIT REPORT MO ONCE. VTS REQUIREMENT ጥርጥልፕ. DISCH BLOWOUT PREVENTER SAMPLE. MEASUREMENT FLUID - FREE OIL SS PERMIT REPORT MO ONCE REQUIREMENT TATOTE DICCL BLOWOUT PREVENTER SAMPLE MEASUREMENT FLUID - TOTAL VOLUME PERMIT ONCE EST REPORT GALS REQUIREMENT MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT ICERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT OUAL IFED PERSONNEL PROPERTY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. IAM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, NOLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1013 AUG 50 AUG 1 AND 39 U.S.C. § 1011 AND 39 U.S TELEPHONE DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER VINCENT C. ROES 907 1770-3700l 08 10 09 SUPT.-EP AMER.-SEPCo SIGNATURE OF PRINCIPAL EXECUTIVE AREA OFFICER OR AUTHORIZED AGENT MO DAY NUMBER YEAR TYPED OR PRINTED COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLITITANT DISCHARGE FLIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

RIG NOT ON LOCATION

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME

OF

Form Approved.

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 NAME SHELL OFFSHORE INC. (17-19) Approval expires 05-31-98 007 AKG280003 3601 C STREET ADDRESS DISCHARGE NUMBER PERMIT NUMBER SUITE 1314 MONITORING PERIOD ANCHORAGE, AK 99503 Check here if No Discharge YEAR I MO I DAY YEAR MO DAY **FACILITY** 08 กา TO 0.8 0.9 3.0 NOTE: Read Instructions before completing this form FROM LOCATION FLAXMAN ISLAND 6658 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) QUANTITY OR LOADING QUALITY OR CONCENTRATION (4 Card Only) REQUENCY (3 Card Only) NO. SAMPLE PARAMETER (38-45)(46-53) (54-61) OF (46-53) (54-61) FΧ TYPE ANALYSIS (32-37)(62-63) **AVERAGE** MAXIMUM UNITS **AVERAGE** MAXIMUM LINITS MINIMUM (64-68) (69-70) SAMPLE BOTLER BLOWDOWN -MEASUREMENT FREE OIL REPORT MO PERMIT VTS ONCE REQUIREMENT TOTAL DICCE SAMPLE BOILER BLOWDOWN -MEASUREMENT FREE OIL SS PERMIT REPORT MO ONCE. REQUIREMENT TOTAL DICCL SAMPLE BOILER BLOWDOWN -MEASUREMENT TOTAL VOLUME ONCE. EST PERMIT REPORT GALS REQUIREMENT MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT ICERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED LINDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE HAT QUALIFIED PERSONNEL PROPERTY GATHER AND EXALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE, AND COMPLETE. IAM AWARE THAT THERE ARE SIGNIFICANT PENALTES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1018. [Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.) DATE TELEPHONE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER VINCENT C. ROES 10 09 907 770 - 3700 08 SUPT.-EP AMER.-SEPCo SIGNATURE OF PRINCIPAL EXECUTIVE AREA OFFICER OR AUTHORIZED AGENT YEAR МО DAY NUMBER TYPED OR PRINTED

MATIONAL POLITICANT DISCHARGE FUMINATION SYSTEM (NPDES)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved.

ดกล AKG280003 3601 C STREET ADDRESS PERMIT NUMBER DISCHARGE NUMBER SUITE 1314 ANCHORAGE, AK 99503 MONITORING PERIOD Check here if No Discharge YEAR | MO | DAY YEAR MO DAY **FACILITY** 0.8 09 [ 30 FROM 80 09 | 01 | TO NOTE: Read Instructions before completing this form LOCATION FLAXMAN ISLAND 6658 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) QUALITY OR CONCENTRATION QUANTITY OR LOADING (4 Card Only) FREQUENCY (3 Card Only) SAMPLE PARAMETER (54-61) OF (54-61) (38-45) (46-53) (46-53) FΧ TYPE ANALYSIS (32-37)(62-63) UNITS MINIMUM **AVERAGE** MAXIMUM UNITS (64-68) (69-70) **AVERAGE** MAXIMUM SAMPLE FIRE CONROL SYSTEM MEASUREMENT TEST WATER - FREE PERMIT REPORT MO VTS OTT. ONCE REQUIREMENT TOTAI. DICCU FIRE CONROL SYSTEM SAMPLE MEASUREMENT TEST WATER - FREE OTT PERMIT REPORT MO ONCE SS REQUIREMENT TOTAL DISCH FIRE CONROL SYSTEM SAMPLE MEASUREMENT TEST WATER - TOTAL ONCE VOLUME PERMIT EST REPORT CALS RECUIREMENT HTTMOM SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT ICEPTIFY UNDER PENALTY OF LAW THATTHIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERTY GATHER AND EXALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTIED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. AND AND ACCURATE AND ACCU DATE TELEPHONE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER VINCENT C. ROES 907 770 - 3700 08 10 09 SUPT.-EP AMER.-SEPCo SIGNATURE OF PRINCIPAL EXECUTIVE AREA MO DAY OFFICER OR AUTHORIZED AGENT NUMBER YEAR TYPED OR PRINTED COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

NATIONAL POLITITANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

SHELL OFFSHORE INC.

NAME

RIG NOT ON LOCATION

EPA Form 3320-1 (10-96)

Form Approved.

OMB No. 2040-0004

PAGE

OF

Approval expires 05-31-98

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved. PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 NAME SHELL OFFSHORE INC. (2-16) Approval expires 05-31-98 009 AKG280003 3601 C STREET ADDRESS DISCHARGE NUMBER PERMIT NUMBER SUITTE 1314 MONITORING PERIOD ANCHORAGE, AK 99503 Check here if No Discharge YEAR MO DAY YEAR MO DAY **FACILITY** 0.8 0.9 30 08 09 01 TO NOTE: Read Instructions before completing this form LOCATION FLAXMAN ISLAND 6658 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) QUALITY OR CONCENTRATION QUANTITY OR LOADING (4 Card Only) FREQUENCY (3 Card Only) NO. SAMPLE PARAMETER (54-61) (46-53) ΩE (46-53) (54-61) EX TYPE ANALYSIS (32-37)MAXIMUM UNITS (62-63) **AVERAGE** AVERAGE MAXIMUM LIMITS MINIMUM (64-68) (69-70) SAMPLE NON-CONTACT COOLING MEASUREMENT WATER - FREE OIL PERMIT REPORT MO ONCE VTS REQUIREMENT. TOTAL חדפתו SAMPLE NON-CONTACT COOLING MEASUREMENT WATER - FREE OTT SS PERMIT REPORT MO ONCE REQUIREMENT TOTAL DICCH SAMPLE NON-CONTACT COOLING MEASUREMENT WATER - TOTAL ONCE VOLUME PERMIT EST REPORT GALS REQUIREMENT MOMTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE. **MEASUREMENT PERMIT** REQUIREMENT ICERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT CUALIFIED PERSONNEL PROPERTY GATHER AND EXALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE, AND COMPLETE IAM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING PALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum Imprisonment of between 6 months and 5 years.) TELEPHONE DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER VINCENT C. ROES

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLITITANT DISCHARGE FLIMINATION SYSTEM (NPDES) Form Approved. PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 NAME SHELL OFFSHORE INC. Approval expires 05-31-98 AKG280003 010 3601 C STREET ADDRESS DISCHARGE NUMBER PERMIT NUMBER SHITTE 1314 ANCHORAGE, AK 99503 MONITORING PERIOD Check here if No Discharge YEAR I MO I DAY YEAR MO DAY **FACILITY** 09 01 Тο 08 09 30 LOCATION 80 NOTE: Read Instructions before completing this form FLAXMAN ISLAND 6658 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) QUANTITY OR LOADING (4 Card Only) QUALITY OR CONCENTRATION FREQUENC' (3 Card Only) NΩ SAMPLE PARAMETER (54-61) (46-53) (54-61) (38-45)(46-53)ΕX TYPE ANALYSIS (32-37)MINIMUM **AVERAGE** MAXIMUM UNITS (62-63) UNITS **AVERAGE** MAXIMUM (64-68) (69-70) SAMPLE UNCONTAMINATED MEASUREMENT BALLAST WATER -PERMIT FREE OIL REPORT MO ONCE VIS REQUIREMENT TOTAL DICCH SAMPLE. UNCONTAMINATED MEASUREMENT BALLAST WATER -FREE OIL PERMIT REPORT MO SS ONCE REQUIREMENT TOTAL DISCH UNCONTAMINATED SAMPLE MEASUREMENT BALLAST WATER -TOTAL VOLUME PERMIT ONCE / EST REPORT GATIS REQUIREMENT HTMOM SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT ICERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALLATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT CUALIFIED PERSONNEL PROPERLY GATHER AND EXALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. IAM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING PALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 101 AND 34 U.S.C. § 101 AND 34 U.S.C. § 101 AND 35 U. NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE VINCENT C. ROES SUPT.-EP AMER.-SEPCo 907 770 - 3700 0.8 10 09

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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SHELL OFFSHORE INC. (2-16) Approval expires 05-31-98 011 AKG280003 3601 C STREET ADDRESS DISCHARGE NUMBER PERMIT NUMBER SUITTE 1314 MONITORING PERIOD ANCHORAGE, AK 99503 Check here if No Discharge YEAR | MO | DAY YEAR MO DAY **FACILITY** 0.8 09 3.0 N 9 \_01 TO NOTE: Read Instructions before completing this form FROM 08 LOCATION FLAXMAN ISLAND 6658 (26-27) (28-29) (30-31) (20-21) (22-23) (24-25) QUANTITY OR LOADING (4 Card Only) QUALITY OR CONCENTRATION FREQUENC' (3 Card Only) NO. SAMPLE PARAMETER (46-53) (54-61)(54-61) FΧ (46-53)TYPE ANALYSIS (32-37)**AVERAGE** MAXIMUM UNITS (62-63)MINIMUM (69-70) AVERAGE MAXIMUM UNITS (64-68) SAMPLE BILGE WATER -MEASUREMENT FREE OIL PERMIT REPORT MO ONCE VTS RECUIREMENT  $T \cap T \Delta T$ . DISCH BILGE WATER -SAMPLE MEASUREMENT FREE OIL SS PERMIT REPORT MO ONCE REQUIREMENT  $T \cap T \Delta T$ DISCH SAMPLE BILGE WATER -MEASUREMENT TOTAL VOLUME ONCE / EST PERMIT REPORT GALS REQUIREMENT MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNACE TO ASSURE THAT CILLALIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INDUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE, AND COMPLETE IAM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING PALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. § 101 AND 39 U.S TELEPHONE DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER VINCENT C. ROES 10 907 770-3700 08 09 SUPT.-EP AMER.-SEPCo SIGNATURE OF PRINCIPAL EXECUTIVE AREA DAY NUMBER YEAR MO OFFICER OR AUTHORIZED AGENT TYPED OR PRINTED COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME

012 AKG280003 3601 C STREET ADDRESS DISCHARGE NUMBER PERMIT NUMBER SUITE 1314 ANCHORAGE, AK 99503 MONITORING PERIOD Check here if No Discharge MO DAY YEAR MO DAY YEAR **FACILITY** FROM 0.8 09 01 TO 08 | 09 30 NOTE: Read Instructions before completing this form LOCATION FLAXMAN ISLAND 6658 (26-27) (28-29) (30-31) (20-21) (22-23) (24-25) QUALITY OR CONCENTRATION QUANTITY OR LOADING FREQUENCY (4 Card Only) (3 Card Only) NO. SAMPLE. PARAMETER (54-61)(38-45)(46-53) (46-53)(54-61)TYPE ANALYSIS (32-37)(62-63) UNITS MINIMUM **AVERAGE** MIIMIXAM (64-68) UNITS (69-70) **AVERAGE** MAXIMUM SAMPLE EXCESS CEMENT MEASUREMENT SLURRY - FREE OIL PERMIT REPORT MO ONCE VIS REQUIREMENT TOTAL DISCH EXCESS CEMENT SAMPLE. MEASUREMENT STURRY - FREE OTL SS PERMIT REPORT MO ONCE. REQUIREMENT TOTAL DISCH EXCESS CEMENT SAMPLE MEASUREMENT SLURRY - TOTAL ONCE EST VOLUME PERMIT GALS REPORT REQUIREMENT MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT ICERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFED PERSONNEL PROPERTY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING PALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, SEE 18 U.S.C. § 101 AND 32 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.) TELEPHONE DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER VINCENT C. ROES 907 770-3700 08 10 09 SUPT.-EP AMER.-SEPCo SIGNATURE OF PRINCIPAL EXECUTIVE AREA DAY OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO TYPED OR PRINTED COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

MATIONIAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

SHELL OFFSHORE INC.

NAME

RIG NOT ON LOCATION

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NATIONAL POLITIANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Form Approved DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 SHELL OFFSHORE INC. (2-16) Approval expires 05-31-98 AKG280003 013 3601 C STREET ADDRESS PERMIT NUMBER DISCHARGE NUMBER SUITE 1314 ANCHORAGE, AK 99503 MONITORING PERIOD Check here if No Discharge YEAR MO DAY YEAR | MO | DAY **FACILITY** 08 09 01 TO 08 09 3.0 LOCATION FROM NOTE: Read Instructions before completing this form FLAXMAN ISLAND 6658 (26-27) (28-29) (30-31) (20-21) (22-23) (24-25) QUALITY OR CONCENTRATION (3 Card Only) QUANTITY OR LOADING (4 Card Only) FREQUENCY SAMPLE PARAMETER (54-61) (38-45)(46-53) (54-61) ÔΕ (46-53)ΕX TYPE ANALYSIS (32-37)(62-63) **AVERAGE** MAXIMUM UNITS MINIMEIM AVERAGE MAXIMUM UNITS (64-68) (69-70) SAMPLE MUDS, CUTTINGS, & MEASUREMENT CEMENT AT THE PERMIT SEAFLOOR - FREE OIL REPORT MO ONCE/ VTS REQUIREMENT TOTAT. DICCU SAMPLE MUDS, CUTTINGS, & MEASUREMENT CEMENT AT THE SEAFLOOR - FREE OIL PERMIT REPORT MO SS ONCE REQUIREMENT TOTAL TOCU SAMPLE MUDS, CUTTINGS, & MEASUREMENT CEMENT AT THE SEAFLOOR - TOTAL PERMIT ONCE/ EST REPORT GALS REQUIREMENT VOLUME MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE. MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT ICERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERTY GATHER AND EXALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING PRUSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 39 U.S.C. § 1010 IAND 39 U.S.C. § 1010 IAND 39 U.S.C. § 1010 IAND 30 U.S.C. § 1010 IAND 30 U.S.C. § 1018 (Penaltiles under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.) NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE VINCENT C. ROES 10 SUPT.-EP AMER.-SEPCo 907 770-3700 08 09 SIGNATURE OF PRINCIPAL EXECUTIVE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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